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### NEW METHODS EMPLOYED FOR THE RELIEF OF IMPAIRED HEARING, ESPECIALLY BY THE USE OF THE PHONO- GRAPH, VIBROMETER, VIBROPHONE, AND METRONOMIC EAR MASSEUR.\*

BY LOUIS J. LAUTENBACH, M. D.,  
PH. D., PHILADELPHIA, P.

I present this short paper in order to direct attention to a comparatively new way of treating the ear, with the view of restoring or benefiting defective hearing and dissipating tinnitus.

Contrary to former beliefs, hearing is not to any great extent dependent upon the integrity of the drum-head, but rather upon the preservation of the proper relationship of the various parts of the sound-conducting apparatus. It is now known that if the external meatus be clear and the auditory nerve intact, not only may the membrane be perforated, but even extensively destroyed, provided the chain of bones be normal and in perfect adaptation, the hearing will be perfect. To illustrate this, I call attention to a case I treated in 1883. In a case of long-standing supuration with extensive granulations, I succeeded, upon the careful and complete removal of the granulations, and the subsequent subsidence of the middle-ear inflammation, in retaining Shrapnell's membrane, with the chain of bones, in perfect position. The consequence was that the hearing for the voice, as well as metallic sounds, became perfect and has so remained.

Perfect hearing depends, then, upon the exact balance of the ossicles one to the other and to their proper relationship to the oval window and drum-head, be-

tween which they are suspended. If any or all of these parts are abnormal in any way—as, for instance, as to the weight of one or more of the bones, or if there be any abnormal attachments between the ossicles, or between the stapes and oval window, or any attachment of the drum-head to the inner wall of the middle ear—there will be derangement of that nicety of adjustment, that perfect balance which is so necessary to good hearing.

The membrana tympani may be considered as little more than the outer fixation point of the ossicles—as a protector for the middle ear, in small part, aids the hearing by concentrating all sounds and upon the short process of the malleus.

Seeing the necessity for perfect freedom of motion in this sound-conducting apparatus, we can readily understand the importance of preventing or, should such exist, removing any attachments of these bones to each other or to the surrounding parts. Any effusions upon them—effusions even if unattended by the formation of attachments—may occasion over-weighting of some one of these delicate bones, and thus interfere with the proper conductivity of sound. Should these unfortunate conditions occur, we then have impaired hearing, and usually a greater or less degree of tinnitus.

Numerous operations and methods of treatment have been devised for these cases. They aim either to restore the parts to a normal condition, or to conduct the sound directly to the oval and round windows without the intervention of the ossicles. This latter was accomplished either by perforations or destruction of the drum-head, or the removal of one or more of the ossicles, with or without the drum-head. Since Schwartze first removed the drum-head and malleus in 1873, until the present, operations on the ossicles have become

\* Read May 23, 1894, before Philadelphia County Medical Society.

more and more frequent, until recently we find one writer reporting some 300 cases of these operations in about two years. Most operators remove the drum-head with one or more of the ossicles, but Jack removes the stapes alone without the drum-head, evidently reasoning that as ankylosis exists almost always at the juncture of the stirrup in the oval window, by thus removing the stapes the sounds will be carried directly to the membrane of the vestibule. I have performed excision with the removal of one or more of the ossicles but twenty-three times. I, however, do not think it should be resorted to until all other methods to restore mobility have failed. In future I intend to perform it only in such cases as, where after prolonged, careful treatment, especially after the thorough use of the instruments I will show you to-night, I fail to relieve distressing tinnitus or very defective hearing. I will then perform it only as a last resort, as when the ossicles are gone and there is no improvement, there is not much probability of future help.

Massage methods, or methods to break up adhesions within the middle ear, may be said to date from the time that Guyot reported the invention of the Eustachian catheter to the Paris Academy in 1724. He not only opened the Eustachian tube, thus relieving the tension of the membrane and ossicles, but forced air through it into the middle ear, thus forcing the membrane and ossicles back into their normal position, loosening or breaking any attachments that had been formed. The methods of Valsalva and Politzer were but applications of Guyot's idea, their object being the same.

It is, however, not of these methods which operate through the Eustachian tube, but of such methods as exert their beneficial action by increasing and diminishing pressure on the membrane and chain of bones, through the external meatus, to which I will call your attention to-night.

Massage methods as applied to the ear can be separated into phono-massage, the massage occasioned by sounds; pneumo-massage, that occasioned by the condensation and rarefaction of air in the meatus; pressure-massage, where direct pressure is applied to the membrane or ossicles, and mixed massage, a combination of pneumo- and phono-massage.

Probably the first method employed to produce massage was by means of the open hand so adapted to the ear as to produce a suction effect, alternately pushing and removing it with a slightly sliding motion. This method, as well as the one of opening and closing the meatus by the use of finger, as we often see swimmers do, was undoubtedly practiced by the ancients.

Cleland in 1771 recommended the sucking of air from the external meatus for therapeutic purposes, but it was later forgotten until Moos brought the method of rarefaction of air in the external meatus again into use as a means of treatment. A method formerly employed was by means of the suction of a syringe, with an olive-shaped tip. The tip having been adjusted to the meatus, the piston was drawn back, and, by means of the vacuum produced, the membrane was drawn outward; hemorrhage and even rupture of the membrane was often thus occasioned.

The first scientific instrument to accomplish massage, the Siegle otoscope or pneumatic ear speculum, was presented to the profession in 1864. This instrument was followed by the fungoid-shaped balloon of Lucae, and the rarefacteur and masseur of Delstanche. Siegle's otoscope consisted of an air-tight ear speculum closed without by a glass plate, and connected with a tube to which a mouthpiece was attached. By inserting the speculum the membrane could be examined and its movability determined by suction of the mouth. By alternate suction and condensation, massage was accomplished. Lennox Browne improved the instrument by substituting a rubber bulb in place of the mouthpiece. Delstanche substituted a small double-valved air-pump, and then called it the rarefacteur. Later, Delstanche used a tube, inserted into the meatus, and produced rarefaction and condensation by means of a small hand-pump, capable of regulation, calling this the masseur; but in this instrument he omitted the speculum and thus was unable to see just what effect he was producing. Lucae about this time began to use massage directly on the short process of the malleus by means of this elastic pressure sound, alternately pressing and relieving the tension.

In 1884 Sexton used double ear tubes as a method of education of those suffering with defective hearing, apparently unconscious that he was on the

threshold of an important discovery. It is of this instrument that Spear said: "It was invaluable to stimulate the auditory nerve whose functions have become impaired by disuse." It remained for Currier to discover that, not only was it a good teaching method, but that the hearing often improved. These were, so far as I know, the first applications of phono-massage.

In 1887 Maloney presented the otophone to the public. This was nothing more than a speaking-tube closed at one end by a diaphragm. He used it not only as a speaking-tube, but also as a method of improving the hearing, by means of the massage it effected on the drum-head and ossicles.

In 1891 Garcey commenced to use the phonograph to improve the hearing; he was followed by Leech and Houghton. Instead of using the ordinary records, they used cylinders with lines made not by sound, but graved more or less deeply. In 1893 McFarlane used the phonograph, with the ordinary cylinders, for the same purpose.

In 1892 Garcey commenced to use a string instrument—the sounds made by the vibrations of the strings of a banjo being conducted to the ears—which he called the vibrometer. This instrument has been very much improved of late, and now consists of four strings stretched over a banjo-frame. The strings are set in vibration by a pronged wheel, which, as it revolves over them, picks the strings, the sounds being carried to the ear by the ordinary double ear tubes. One string can be thus played, or two strings may be kept in vibration. In addition to this, the instrument is provided with a suction apparatus. There is a diaphragm in an air-tight cavity within the banjo-head, which is moved up and down by the motion of an eccentric on the shaft, and connected with this cavity is a pair of double ear-tubes. You are supposed in this way to be able to obtain simple massage, but as a matter of fact there is a great deal of noise traveling into the ears as long as the machine is in motion.

The vibrophone is an instrument introduced last year, the purpose of which is to carry to the ear the sounds of a rapid or slow interrupter of an induction circuit, as well as to produce, at the same time, a distinct change in the air pressure on the drum-head. As origi-

nally constituted, it carried sound only, but has been modified as above at my suggestion.

Wilson has used the telephone for the production of ear massage. Semrock has used the tuning-fork for the same purpose. Hundreds of others have experimented with the tuning-fork in the same direction.

Before describing my own apparatus I will briefly refer to the methods mentioned. The old mechanical methods of applying massage by the hand produced good effects, but were crude. Cleland's and Moos' methods labor under the same disadvantage. The Siegle speculum, the rarefacteur and masseur are all of value, but they cannot be continued as long as many cases demand, nor can they be as carefully regulated as desirable. Sexton's conversation tubes are of value, as is likewise Maloney's otophone, but they are conductors of sound and sound vibrations, and while they independently of this yet produce motion of the membrane and ossicles, this is not capable of exact regulation, nor is there any way of using massage without the sound. This same objection holds also so far as the vibrometer and vibrophone are concerned; neither of them gives massage without sound, although the vibrometer is supposed to answer these requirements.

It seems reasonable to suppose that in some of these cases of defective hearing associated with more or less immobility of the sound-conducting apparatus, the auditory nerve may be exhausted or diseased. We find it so in mill hands and in boiler and sheet-iron workers; their auditory nerves become at first over-stimulated, and later exhausted. In treating such cases, as well as in hyperesthetic conditions of the auditory nerve, as little sound as possible should be transmitted for fear of occasioning further damage. To treat such cases I found silent or simple pneumo-massage was required. To accomplish this, I constructed a machine in which I had a slow and fast interrupter in connection with an induction coil, and connected with this was an air-tight telephone with a double ear-tube. Each make and break of the current causes a to-and-fro motion of the telephone diaphragm, and this occasions a corresponding motion of the ear drum. Later, I began to use instead of my induction coil interrupters a metronome to make and

break the current, and find it better in every respect. With it I can produce anywhere between forty and two hundred and eight to-and-fro motions of the drum membrane per minute, the amplitude of motion being dependent upon the size of the diaphragm and strength of current, both of which I can regulate. I have called this instrument the metronomic ear masseur.

For some two months I have been experimenting with the phonograph, both as an ear-test and as a remedial agent. For the former purpose I have found it the most accurate and the best test I have at my command. As a remedial agent, especially for the application of phono-massage, I have found it very valuable. For this purpose I use voice and instrumental records as well as mechanical records. By this I mean records that have been produced by cross-lining the cylinders, or regularly grooving with lines parallel to the axis of the cylinder (making the lines on some cylinders deep, on others shallow; on some close together, on others far apart).

The work with the phonograph has not progressed sufficiently far to allow me to speak as to its true scientific value. I can only say that it has, in my hands, proven to be by far the best phono-massage instrument I have employed, as sounds of any desired pitch or quality, and practically of any required volume, can be thus obtained.

It is evident, from what has been said, that massage is a method which will prove of value in the treatment of diseases of the ears, that it will in many cases obviate the necessity of severe operations, and give better results. Unlike these operations, the parts are left intact, so that should massage fail there is still an opportunity for further measures.

It may be applied by any one of four methods which, for convenience, although not strictly accurate, may be termed: 1. Pneumo-massage; 2. Pressure-massage; 3. Phono-massage; and 4. Mixed massage. The method to be employed corresponds to the case in hand; the caution to be observed is, in cases where the internal ear is affected, not to use too violent pneumo-massage, nor too shrill phono-massage, but to apply it most carefully, as otherwise there is danger of labyrinthine hemorrhage.

The time the massage is to be employed varies greatly with the variety employed, and the nature of the case in hand. Pneumo-massage can be used from two minutes in acute cases, to as much an hour in chronic cases; and from about one minute when the shrill phono-massage is used, to 15 minutes when the sounds are deep bass tones or are of small volume.

Of course, constitutional and other local treatments are as necessary when this method is employed as without it, although you will observe from my cases here quoted, that cases which had been treated and thoroughly treated, and yet failed to improve, improved steadily when the massage treatment was adopted. In other cases where the regular ear treatment occasioned no change, the patient was transferred to the massage treatment, and improved markedly in a few treatments.

The following conclusions are a natural inference:

1. Poor hearing, when unconnected with closure of the meatus or disease of the nerve, is usually the result of some want of mobility in the sound-conducting apparatus.

2. This want of mobility can almost always be overcome by the use of massage, especially pneumo-massage applied directly to the membrane tympani or ossicles.

3. That the pneumo-massage in ordinary cases is the most serviceable, phono-massage being especially indicated where there is a necessity of exciting the atony of the auditory nerves caused by disuse.

4. That as the mobility of these parts increases, the hearing is restored and the tinnitus disappears.

5. That the results are most favorable in cases of hypertrophic catarrh, and in cases with retracted and perforated membranes following suppuration; less favorable in the proliferous variety of catarrh; and unfavorable in the atrophic variety and in cases of involvement of the auditory nerve-endings.

6. That the treatment will in great part supplant the removal of the ossicles and similar operations, which operations should never be entered upon for the restoration of hearing or the removal of tinnitus until massage methods have been given a thorough trial.



## CHLORAL HYDRATE—SOME OF ITS USES.\*

BY BEN. H. BRODNAX, M. D. —  
Of Brodnax, Louisiana.

In conversations with physicians at various times I have noticed they viewed chloral as merely a hypnotic, and had used it only for the purpose of relieving pain, thereby inducing sleep. I have been a little surprised at this want of knowledge of its other equally valuable properties. Early in my practice I tried to make a few medicines, combined or by themselves, do all that they would for me, and was led into experimentation with them. Chloral came in for its share, because it relieved pain, quieted the nervous system and did not paralyze the bowels.

As a hypnotic, five grains of chloral combined with laudanum or with one-eighth or one-quarter grain of morphine acts splendidly, the combination intensifying the effects of each and depriving the opiate of its stimulating property. With children by itself, in sweetened water, it has no equal; mixed with paregoric, it is also good.

I prepare it as follows: I just cover the amount in my case vial with glycerin—this dissolves it, and a drop is about a grain. In this form it mixes readily with oil or water, and is more quickly prepared, and more easily divided into doses, large or small. With castor oil the dose one to five grains renders it less nauseating, and does not gripe, at the same time producing quiet and rest.

Applied to the skin in eruptive diseases—measles, urticaria—as follows: Chloral, 10 grains (drops); carbolic acid, 10 grains (drops); water or oil, 1 to 2 ounces, almost instant relief is experienced of the intense itchings. Or chloral, 10 drops; glycerine and water, each  $\frac{1}{2}$  ounce, produces the same effect.

As a mouth-wash: Chloral, 10 grains; glycerin and water, each  $\frac{1}{2}$  ounce (a teaspoonful), produces a pleasant cool sensation in salivation or as a gargle. After holding it for a moment in the mouth it should be rejected and an equal amount of the fresh solution may be swallowed. Carbolic acid (10 drops) added makes it more effective in ulceration of the mucous coverings. It seems to act on the nerves locally, the same

as chloroform by inhalation does on the body.

In toothache: Chloral, camphor, glycerin, carbolic acid, equal quantities, applied on a small piece of cotton after cleaning the cavity, will relieve the pain. (Cover with more cotton to fill the cavity). I keep the mixture, ready made, under the name of "Toothache drops," in my medicine case. If the patient has lost sleep I give a full dose of chloral by the mouth.

For ulcerated sore-throat, or ulceration from any cause, such as scalds: Chloral, 10 to 15 drops (grains); water, 1 to 2 ounces, as to age; sugar, to make it palatable to children, a teaspoonful, repeated at short intervals until sleep is induced, then on waking to keep them fully under its influence. My first experience was on my only daughter, 4 years old. The case was so severe I feared I would lose her, and to get rest for her, gave as above, after having tried everything else I knew of. The almost immediate relief of all the bad symptoms led me to think the medicine acted otherwise than merely as a rest-producer. Since then, for ten years I have used it with the utmost satisfaction to myself and patients.

Earache: Camphor, 10 grains; chloral, 10 grains; carbolic acid, 10 grains; castor oil,  $\frac{1}{2}$  ounce. Drop into the ear warm. Fill the ear full, apply a piece of cotton wet in warm water to fill the external ear, then a cloth wrung out in hot water as warm as can be borne. I have seen some almost crazy children go to sleep in two or three minutes and awake free of their troubles.

As an aid to chloroform in surgery or obstetrics, 10 to 15 grains, given twenty minutes before administration of the anæsthetic, seems to intensify the effect and less than one-half of it is needed to produce the desired effect. In my obstetric practice for the last fifteen years I have used it, and have observed but one case where any unpleasant effects were induced. This was in a woman with her tenth child. I gave the chloral to relax the system, 10 grains; in half an hour 5 grains more; in half an hour the chloroform. It affected her almost immediately, and the child advanced and came away in good style, but the woman seemed to be dead drunk and incapable of moving herself. She slept soundly for several hours and awoke all right. She was conscious and would answer questions,

\* Read by Oscar H. Allis, June 13, 1894, before the Philadelphia County Medical Society.

but could not use herself. This was the first time she had taken either of the drugs, and she may have been susceptible—easily affected. Chloral, given before the anæsthetic, seems to tide them over the excited stage of anæsthesia. The first few whiffs of the anæsthetic produce quiet without any excitement. I have used it in a few surgical cases with the same effect. In children a full dose of chloral, and when sleep comes on they are anæsthetized in that state, and the force often necessary, otherwise, is avoided.

In coryza, where the Schneiderian membrane is very irritable, chloral, 10 grains (or drops); castor oil,  $\frac{1}{2}$  ounce, used with a soft mop, applied over the surface, after being dried, acts to check the excretion of mucus, and lulls the irritation and the head-pains.

The supposed influence of the drug on the heart has been urged by my friends against its use. I have not seen any unpleasant effects. In any case where there is a chance of any cardiac trouble, it is an easy matter to fortify the heart with a 1-50 grain of nitroglycerin. In one delicate woman I did this as a precaution, but even in her case I believe it was not necessary. This summarizes my experience with chloral, and when I tell you I use from five to six pounds a year, you may know that it has a very considerable scope. I never prescribe it in any quantities, so as to create a "habit." In fact, I do not know of a single case of the kind.

#### BANQUET OF MEDICAL EDITORS AT SAN FRANCISCO.

The annual banquet of the American Medical Editors' Association was held in Maple Hall, Monday night, June 4, tendered to them by Mr. R. E. Queen, of San Francisco. Covers were laid for 200, and fully 150 of the men who publish the advances of medicine and surgery to the world sat down to the feast.

Dr. Charles S. Hughes, of St. Louis, Mo., president of the Editors' Association, just after the caviare introduced to those present Dr. I. N. Love, of St. Louis, as toast-master, assuring the guests that it was only with the latter's assistance, collaborating with Shakespeare and Tom Moore, that the feast of reason on the menu cards had been gotten together.

Sandwiched between the paupiette of salmon and the renaissance beef Dr. Love gave it out that the toasts would be informal in their recurrence, and that the most distinguished speaker might find himself at any moment between the young squab and the punch, with only a few moments to save himself.

And the banquet went on and the responses followed thick and fast.

Dr. Hughes, the president, congratulated his "fellow cranks" that the revolutions of the wheels of time had brought them all together in the lovely city of San Francisco, where they had such a splendid promise of a lively time. They would enjoy all the sights and could look in the bright eyes and gaze on the handsome faces of the beautiful wives and daughters of California, whose qualities of head and heart have done so much to make the men of San Francisco what they are.

The doctor, whose especial business it is to treat brains, spoke highly of those which composed the Medical Editors' Association, and paid a high tribute to their work in advancing the medical profession.

This response was followed by loud applause and Dr. Henry O. Marcy, of Boston, ex-president of the association, responded briefly to the "Editors' Association." Dr. P. O. Hooper, of Little Rock, Ark., responded to the toast, "The Board of Trustees of the American Medical Association." Dr. John B. Hamilton handled "The Journal of the American Medical Association," of which he is editor, in a clear manner, and was followed by Warren Olney, of this city, who toasted and welcomed "Our Guests."

Responses had been arranged to toasts in rapid succession as follows: "The Physicians of California," Dr. L. Cooper Lane, of San Francisco; "The Lawyer and the Doctor," by E. R. Taylor, M. D., president of the San Francisco Bar Association; "Woman," Dr. Lyman Beecher Todd, of Lexington, Ky., at which place they are known to be very beautiful; "The Medical Purveyor—Handmaiden of the Physician," Dr. A. L. Hummel, of Philadelphia; "The Old Guard," Dr. R. Beverly Cole, president of the medical department of the State University.

The miscellaneous toasts followed without number, and some of the brightest hits of the symposium were made during their delivery.

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### RECAPITULATION OF OUR LAST VOLUME.

It may be pleasing to our subscribers, and others, to note the amount of work done by "The Times and Register" during the past six months, and comprised in volume 27.

First of all it is to be remembered that the price of subscription to this journal is the lowest in this country for a weekly scientific periodical of its class; hence we ask our readers to consider what they have obtained during the past half year for fifty cents.

There have been printed seventy-five original articles in the last volume; one hundred and one editorials, ninety-seven extracts under the head of "medicine," most of which are from French journals; seventy-five extracts under "Surgery," some of which contain much original work of the editor of this department; fifty-five extracts under "Therapeutics;" forty under "Ophthalmology," nearly all of which was original work; thirty-seven under "Electro-Therapeutics," which shows a vast amount of original work by the editor of this department, as the subject is so new that there is not a great amount of current literature in circulation; twenty-one ex-

tracts under "Gynecology and Obstetrics," and over one hundred and fifty articles in the miscellaneous columns, including prescriptions, notes, etc.

In total, over 550 articles have been printed, on 422 pages, which, if the subscriber desires to bind, will make a very complete book of record for the medical events transpiring during the past six months.

It may be stated that this volume, which now opens, will pursue the same course as its predecessor, and we trust that we may be able to give our readers as valuable (if not more) a volume as that just closed.

It must be borne in mind that our aim is not for lengthy articles, but short and practical ones. We are obliged to print in small type in order to place the price at \$1 a year. We trust we may receive the support of the profession, both in contributions to the literary columns and to the respective department editors, whose addresses appear for the purpose of direct communication. We are always glad to hear any criticisms from our subscribers, and appreciate any private remarks made us for the welfare of this journal.

There has been some complaint regarding the adoption of the metric system for prescriptions. We shall in the future strive to obviate this by translating under the ingredient its English measure as given in the formula.

Occasionally articles are sent us too long for one issue and too valuable to abstract. This occurred with the recent address of the president of the American Medical Association, which we printed June 9, and before any other medical journal except that of the association itself (which published the same on even date). We regret to be obliged to continue articles, but it must be remembered that when the volume is bound that the whole article will appear in its pages.

We thank our contributors for their valuable and friendly service, and trust our rapidly increasing patronage will find in the "Times and Register" a profitable investment, and one which can be afforded by all of the profession.

We should enjoy publishing some of the many congratulatory letters we receive, but consider our space is for scientific purposes rather than private matters, and that our subscribers are entitled to what they pay for every time.

### ANOTHER SURGICAL JOURNAL LAUNCEED.

The Railway Surgeon is the title of another claimant for honors and patronage in the field of medical journalism; this time the new arrival coming from Chicago, our formidable Western neighbor.

The journal is the organ of the National Association of Railway Surgeons, which, it appears, has a membership of 2000 or more practitioners.

It might seem that, just now, we have too many medical journals of a fifth-rate order, and, that, to put forth another, unless strongly backed and ably edited, would be a hazardous enterprise. But this journal starts out with a large clientele, its editorial chair is to be filled by one of the cleverest and most versatile writers in this country and its management is committed to the hands of those who will leave nothing undone to insure its success and popularity.

We feel assured that there is a large and ever widening field for a representative "out-and-out" American surgical journal, for none such has ever been published in this country yet. It is bound to succeed, for the great West has never failed in any of her vast undertakings. With the large number of subscribers, the most of whom are well known in their profession, and an abundance of material, it is hard to conceive how the Railway Surgeon can fail. May success and prosperity attend its career and place it in the front rank of the most erudite and original.

### CANCER OF THE RECTUM.

Clinicians and pathologists tell us that, for some curious occult reason, with the advances of civilization and an improved condition of the masses malignant disease is on the increase, and that of late years cancerous affections have been greatly augmented.

Some attribute it to the modern excessive use of tobacco. This, perhaps, might hold for the malignant ulcers which fasten on the glosso-bucco-labio-pharyngeal surfaces; but how about the rectum, the seat of about one-fifth of all epitheliomata in the male?

No, it will not unfold the mystery of this terrible affliction; for cancer of the rectum is one of the most loathsome and agonizing of all forms of this disease.

Happily, however, in a considerable number of cases it may be radically eradicated by modern surgical methods, and, when thus disposed of, may never reappear.

Kraske's operation in skilled hands is not a dangerous procedure. It will afford immediate relief, and is an enormous advantage over any of the colotomies, which only provide a precarious

outlet for the discharges and make no impress on the local disease.

With appropriate precautions to draw the bowel well down, to fix it in the ischio-rectal fossa and properly turn in an approximate the divided integument, a very respectable and useful anus may be provided by the Kraske method of excision.

Let us, then, in this class of cases recommend early and radical operation, for it provides relief from mental distress, gives an additional lease to life, and, in certain cases, effects a permanent cure.

### SURGICAL OPERATIONS AND THE HOT WEATHER.

The question is often asked: Should we operate in hot weather, and will our patients do as well in this season as in any other?

Without question this must be answered in the affirmative.

The vast proportion of our traumatic surgery is done during the warm season; for this is the time of year when more men are employed in dangerous occupations. The volume of every kind of pleasure travel is enormously augmented, and in consequence accidents are more common.

It is the season when the teacher, worn out with his nine months or more of close mental application, seeks repose in travel, or at some quiet resort in the country, and in so doing he misses the most valuable yield in traumatic surgery.

Wounds kept aseptic and the patient lodged in well ventilated apartments do better in summer than winter.

Reparative processes are more prompt and the dangers of visceral complications in consequence of cold weather or improper clothing or covering is entirely obviated.

It is true that the tendency to bed sores is greater in summer, but when the bedding is frequently changed and the apartments well aired they may be prevented.

Fresh vegetables and every description of fruit are abundant and cheap in summer, and thus we are enabled to eradicate scurvy and place our patient on a diet more favorable to the nutrition of the body, wholesome, invigorating and reconstructive.

There are many other cogent reasons why the summer season offers the best prospect for recovery from every description of surgical operation, whether from a pathological or traumatic lesion.



## Surgery.

Under the charge of T. H. MANLEY, M. D., 302 W. 53d St., New York.

### RESEARCHES ON THE LIQUID OF ALBUMINOUS PERIOSTITIS.

This singular type of bone disease, the author tells us, was first described by M. Ollier, whose studies and researches, experimental and clinical, have contributed more to place our knowledge of osteo-genetic processes and every description of osteoplastic operation on a sound basis than any other living surgeon.

"It is characterized," says Ollier, "anatomically by an accumulation under the periosteum or in the lamellae of this membrane of a viscid liquid, stringy, albuminoid and transparent; analogous to synovia."

According to this eminent author many surgeons have observed "albuminoid-periostitis" in rheumatism and in tuberculosis, while others have regarded it as a lymph accumulation or simple varieties of osteo-myelitis infections.

In spite of the vast number of researches which have been made on this recent addition to the roster of bone maladies, both by clinicians and bacteriologists, the origin and nature of it are yet little known.

The specific gravity of the exudate found varies from 1012 to 1030; its reaction is alkaline, due to the presence of carbonate of soda. Its color is usually a deep yellow or faint pink. On boiling it coagulates solidly. Desiccated, we derive a dry residue, hard, yellow and transparent. By the addition of alcohol free urea is detected, and when ether is applied its fat globules are melted down. Its chief constituents are albumen, 75 to 80 per cent., the remainder a mixture of azeote fat and various salts.

The author gives at considerable length a full and analytical report of its varying constituents.

Note by the translator—This no doubt is the opening of a series of experimental and clinical investigations, which, without doubt, will in the near future revolutionize our views on pathology and treatment of very many painful conditions of the limbs, heretofore, which, after a sort of rule of thumb fashion, have been set down either as rheumatic or neuralgic in the adult; and which

in the young we say are "growing pains."

The role of the periosteum in a vast number of painful conditions is yet but very imperfectly understood, and this offers a most fertile field for the ambitious and enterprising investigator, in which the ways are wide and the rewards large.

Facilities now are at the hands of any one, for experimental work, impossible to secure until within 50 years. The harvest, then, should be large and the yield of a high order of merit.

—Revue De Chirurgie, Avril, 1894.

### THE TRANSVERSE INCISION IN NEPHRECTOMIES.

By M. Reau.

This distinguished author and operator, at the late International Congress at Rome, presented an essay on the above subject.

He claimed for it rapidity of execution and a greater safety than either the lumbar incision or the intra-peritoneal. By it the operator could proceed with leisure, and with ease control hemorrhage.

A transverse incision is made from the inner side of the umbilicus, directly backward through the oblique and transverse muscles to the lumbar-fascia. Now, the fascia-abdominalis is carefully separated from the peritoneum and pressed inward and forward of the fingers and the hand in the meantime being gradually insinuated and carried downward until the kidney is reached.

The kidney could be now readily raised from its bed in the cellular tissues and lifted into the incision without strain or danger of rupturing the vessels or ureter. If diseased, it could be removed, and if not, it might be restored and fixed in its former site.

In four cases thus treated by the author there had been three recoveries. There was no suppuration. In closing the wound one must always bring the edges of each muscle together and suture them. Union is prompt and solid.

—Revue De Chirurgie, June, 1894.

# Medicine.

Under the charge of E. W. BING, M. D., Chester, Pa.

## BRONCHIAL INFECTIONS IN THE AGED.

The same observation may be made concerning broncho-pneumonia as has become classic in connection with endocarditis, that is to say, that there exist both simple infectious broncho-pneumonia and infectious infecting broncho-pneumonia. Observations tend to show that broncho-pulmonary affections in the aged are generally due to the action of the streptococcus. The symptoms are chilliness, without marked rigors, great variability of physical signs, with great alternations of temperature, as in pyæmic conditions. The last characteristic is marked.

If we join to the preceding symptoms those which are seen in all cases of pneumonia in the aged, viz.: the small quantity of expectoration and absence of thoracic pain, the diagnosis may be considered made.

The broncho-pulmonary affection described is infectious, and may be (auto) infecting. The pus from the bronchial tubes may set up a true pyæmia. Cases of this nature are more frequent than generally supposed. Before going into the subject, it is necessary to make a distinction between pyæmias in the true sense, what Etrensil calls primary pyæmia, and pyæmias or general infections secondary to a specific infection, the so-called secondary pyæmia. A type of this class may be drawn from the frequent suppurations of serous membranes in the course of scarlatina. Here the scarlatinal germ has opened the door to the germs of suppuration. The same is true in smallpox, mumps, measles, etc.

Quite otherwise is primary (medical) pyæmia. This is an infection arising without the agency of any specific disease, and these pyæmias are numerous and may be subdivided into numerous groups. As to pneumonia of bronchial origin, there are two varieties:

(1) Where the lung affection is secondary to a general pyæmia condition.

(2) Where it is the starting point of the infection.

In a word, broncho-pneumonia from being simply infectious may also become infecting.

The clinical aspect of this infection seems to be regulated by the evolution of the broncho-pneumonia, and it may be questioned whether many cases supposed to be due to and called grippal are not really pyæmic. They present the same thermometric indications and the streptococcus has been found in the blood. This fluid should always be examined, as the germs may be found here and not in other organs. Broncho-pneumonias may produce pyæmia by means of the *B. pyocyaneus*.

It has been known for some time that the *B. pyocyaneus* was considered simply as a common saprophyte, devoid of pathogenic power, its chromogenic properties only having attracted attention. Charrin, however, has produced broncho-pneumonias, and general infection, true pyæmia, by inoculations of this bacillus. Moreover, it is not a "laboratory" agent only, but a clinical entity, also.

The general symptoms are high fever, severe constitutional effects, prostration, swelling of the spleen, eruptions at first papular, becoming pustular, recalling ecthyma, or sometimes, instead of these, purpura is seen.

A mixture of these germs—the streptococcus and staphylococcus, or the streptococcus and *B. pyocyaneus*, present the same characters as described above; but the streptococcus appears to be the ruling power, the dominant germ.

## CONCLUSIONS.

The broncho-pneumonias of the aged are generally due to the action of the streptococcus. They may be caused rarely by the *B. pyocyaneus*—the presence of this germ in a state of purity would lead to the supposition that this was the case.

Broncho-pneumonia may become infecting and be the starting point of pyæmia, which is diagnosed if articular symptoms are produced in streptococci infections, or cutaneous eruptions where the bacillus has been concerned.

The pyæmia may be of varied character, like the bronchitis and broncho-pneumonia, from which it arises.

The infection is not due to a particular virulence of the germs, but to the

favorable nature of the soil furnished by the organs of the aged.

There is a double source of infection, an autochthonous infection, due to the sojourn of the bronchial secretions in the dilated and inflamed tubes; and an infection coming from without and produced by the dissemination of the sputa.

The treatment of these cases must be by means of antitoxic serum, and this will be the method in the future. The turpentine would also seem to exert a favorable influence.

—Extract from *Gaz. Med. de Nantes* by E. W. Big. M. D.

#### MODIFICATION OF THE NUMBER AND SHAPE OF THE WHITE CORPUSCLES IN TYPHOID FEVER.

During the disease the number oscillates between 4000 and 9000. In convalescence the number augments considerably. When complications ensue leucocytosis is very manifest.

#### LUBRICANT FOR URETHRAL SOUNDS, CATHETERS, ETC.

Guyon uses:

|   |                  |       |
|---|------------------|-------|
| R | Powd. soap ..... | 50/00 |
|   | 15 drachms.      |       |
|   | Glycerine .....  | 25/00 |
|   | Water .....      | 25/00 |
|   | 7 drachms.       |       |
|   | Sublimate .....  | 0/02  |
|   | 1-3 grain.       |       |

This is antiseptic, without irritant action on the canal, and being much more slippery than the ordinary oils or fats it renders the introduction of the instruments easier.

#### MORPHINE AND COCAINE HABIT OF TEN YEARS' DURATION SUPPRESSED IN FIVE DAYS.

A physician, 40 years of age, was injecting from  $1\frac{1}{2}$  to 2 grammes of morphia per day and 2 grammes of cocaine—hallucinations, suicidal mania, abscess, convulsive attacks, etc., caused him to give up practice. He was treated by the abrupt suppression of the cocaine

and the slow suppression of the morphia, and in five days was cured, without other trouble than vomiting and diarrhea.

—Bul. de Therap., E. W. B.

#### QUININE IN WHOOPING COUGH.

Banon has treated nearly 50 cases by this drug, and reports that in a small number of cases an improvement showed itself in two or three days.

The average duration was three weeks. In some instances quinine cut the disease short; it was specially beneficial where the whooping cough was complicated by acute lung affections.

The author gave three times a day from one to ten cgms. of muriate of quinine.

The maximum dose for older children was 40 cgms. three times a day. As improvement appeared the doses were diminished—sometimes muriatic acid was added.

If there was vomiting, effervescent bicarb. soda solution was added to the quinine.

—Bul. de Therap., E. W. B.

#### THE DOSAGE OF DITHTHERIA ANTITOXINE.

The strength and dosage of Antitoxine Solution have hitherto only been approximately determined by injections into guinea pigs. Although this method affords a convenient and reliable means of determining the strength of the solutions under the strict conditions already laid down by Dr. Hans Aronson, yet it appears that the doses necessary for the prevention or cure of diphtheria in human patients are much larger than calculated from these results.

From extensive experience in the Kaiser Friedrich's Children's Hospital, it has been found necessary to inject 2c.c. Antitoxine Solution into children above the age of 4 years to secure immunity.

The injections are made deep into the subcutaneous tissue behind the shoulders, and when carefully performed have given rise to neither local nor general disturbances in some hundreds of cases.

—Therapist.

## Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

### DETACHMENT OF THE RETINA.

A physician recently consulted the writer because of sudden loss of vision in the right eye. He had been looking through a microscope most of the day, when he noticed that suddenly everything had a green appearance that he saw through that eye. Then green streaks appeared to pass before the eye, and he soon found he had little vision on the nasal side.

The ophthalmoscope showed a dark brown spot in the region of the macula, shaped like the moon in its gibbous phase. Its length was about one-fourth the width of the papilla; the other diameter was about two-thirds of its length. It appeared exactly like a fleck of pigment left over from a former choroiditis. But this was the only thing of the kind to be seen.

Below the dark spot the retinal veins disappeared over about one-fifth of the retinal area. This portion of the eye-ground seemed partly red and partly gray in alternate streaks. As the patient has 6.50 D of myopia, a distinct view of the retina in this portion of the eye was not to be obtained. The vitreous being slightly cloudy made observation more difficult than it would have been otherwise.

The optic nerve had a normal appearance. The arteries were not perceptibly diminished in size and the veins were not swollen. There was no cherry red appearance of the macula, as is seen in embolism or thrombosis.

Three weeks have passed since the loss of vision took place. The spot of pigment has not changed, neither has the wavy appearance of the retina. Central vision has returned slightly, so the patient can count fingers six feet from the eye with 6.50 D. Before the injury he could see 20-xxx with that eye with the same lens.

Under the use of a compress bandage, atropine instillations and subcutaneous injections of pilocarpine no change has as yet taken place in the appearance of the eye-ground.

J. A. T.

### OPTIC NEURITIS.

A case was described by the writer under the above heading in this department of "The Times and Register," in its issue of February 3. The patient was a young man of eighteen years. In March, 1893, he came home one day complaining that he could not see with his left eye. After a little, he thought he could see better. He was troubled with vomiting, and had a frontal headache.

Last December he came under the care of Dr. Chipman, of Chelsea, who sent him to the writer for examination of the eyes. He had double optic neuritis of a violent type, and a diagnosis was made out of tumor of the brain.

There was no perception of light in the left eye, but the vision of the right eye was 20-xxx. Iodide of potassium was prescribed in ten-grain doses. There being no improvement at the end of two weeks, the mixed treatment was substituted. In two weeks more the vision in his right eye was 20-lxx. The frontal headache had disappeared.

The vomiting increased, and the right eye became blind. He would often fall down, but there was no paralysis. At the last he was furiously delirious.

An autopsy was performed by Dr. Chipman the 15th of June. He found a tumor about the size of a man's fist, lying in the frontal convolutions, a little to the left side of the centre. The shape of the convolutions was completely copied upon the surface of the tumor, which was easily peeled out of its surroundings with the handle of the knife. The brain was softened everywhere in the vicinity of the tumor.

The skull was nowhere more than an eighth of an inch in thickness, and the light shone through it, when it was held up to a window as it would shine through a china plate. There was an opening in the occipital bone so large that the scalp could be pushed through it with the thumb.

If this tumor could have been located a year ago, it might have been removed. But there was nothing upon which to base an idea of its location, except the frontal headache; and this seemed to disappear upon the administration of remedies.

J. A. T.



## Electro-Therapeutics.

Under the Charge of S. H. MONELL, M. D., 44 West 46th St., New York.

### PREGNANCY FOLLOWING FARADIC TREATMENT OF THE UTERUS.

Mrs. ———, aged 25. Married four years. Had suffered from dysmenorrhea since the first menstruation. Two years after marriage she gradually and, without apparent cause, declined in health, losing over a fifth of her body weight. A course of local treatment extending over a period of nearly a year did little or nothing to arrest her decline, and she finally stopped treatment because she felt unable to go to her physician's office. She had headaches, backaches, insomnia, constipation, and the various reflex symptoms of functional uterine disorder.

In June, 1893, she applied to me for what she hopelessly referred to as a last resort, viz., electrical treatment, as other measures proved so disappointing. My examination discovered only a rather small uterus and cervical canal, but no displacement or condition of disease. She was preparing to leave the city for the summer, and, as a change of scene was advisable, she was sent away after a couple of weeks' daily tonic treatments of alternated bipolar vaginal faradization and static bath.

She returned in August in much better condition, and the same treatment was continued. She reported a decided relief in menstruating, a gain of 18 pounds in weight and an increased freedom from functional disturbances. There was no more backache at all, and despite occasional headaches and impaired sleep she felt greatly encouraged at the result.

In September she became, for the first time, pregnant, and at once felt in better health than she had enjoyed for years. As some slight compensation for her previous troubles the usual morning nausea, etc., transferred itself to her husband, while she went through gestation with but two annoyances that required any notice at all. She was very costive and still slept lightly, and often quite poorly, but otherwise fared exceedingly well.

She recently gave birth to a perfectly-formed nine-pound boy, after a perfectly normal labor, and already her health promises to be re-established upon a sound basis.

There is a decided nutritional value to the method of faradization employed in this case, and which has a very general application.

### STATIC ELECTRICITY IN THE LIGHTNING PAINS OF LOCOMOTOR ATAXIA.

In an interesting article on this subject Dr. W. F. Robinson writes as follows:

What can we do to relieve these so-called incurable diseases? Can anything be done to relieve the suffering of persons so afflicted?

This is a most important and vital question. Fortunately for humanity it can be answered in the affirmative.

Not only can something be done, but it is often possible to render these patients' existence comfortable for years; and in the end they may die of some other malady; so that locomotor ataxia would in such a case be shorn of half its terrors.

There are three symptoms which especially interfere with the comfort and usefulness of those afflicted with this disease, namely, the ataxia which interferes with walking, the optic atrophy, and last and most important of all, the so-called lightning pains.

They are called the most important because they are so frequent and also because they render the patient's life a martyrdom when they are severe.

I have had occasion to treat a number of these cases with static electricity, and will briefly state what have been my results.

I will not attempt to give the details of the histories, as it would take up too much time, and, moreover, it is extremely doubtful if cases, when given in minute detail, are ever read at all.

It may be said in general that the action of static electricity in the treatment of these pains has been uniformly good, though not in the same degree. Medicine is of little use in the treatment of these pains, and clinical experience thus far seems to show that it is hardly worth while to lose time in trying to accomplish anything by it. My main reliance is static electricity, and the more I use it the greater my faith becomes.

Just here a word as to the pathology of this disease. We know that it generally begins in the upper lumbar and

lower dorsal regions of the spinal cord, and that the peripheral nerves are also involved. Strange to relate the morbid process does not extend directly from the cord to the nerves, but, on the contrary, it begins at the periphery of these nerves and ascends toward the larger trunks. This fact renders it highly probable that the pains are not reflex in their nature, but on the other hand are due to a lesion of the nerve fibres at their terminal extremities, where they are actually felt.

For this reason the static spark is applied directly to the various spots where pain is felt, and special attention is directed to these points. I first go thoroughly over all the spots that are the seat of pain, making the first sitting about five minutes. If the patient comes every day this may be sufficient for some time. The treatment often drives the pains from one spot to another, and I have always found that when this was the case it was safe to assure the patient that further applications would result in driving them away again, and producing very marked improvement in the end.

It should always be remembered, however, that the pains of ataxia are apt to go as suddenly as they come, and too much credit should not be given to the treatment in cases where it seems to be most wonderfully efficacious.

A fair test of the method is a comparison of the patient's history immediately before the treatment with his condition during the same. Some time ago a patient came to my office with such severe lightning pains that he was not only kept awake at night, but his days were made a torment to him, and he was almost incapacitated from doing business. After the first treatment he had a much better night, and when he received the fifth treatment he was able to sleep from three to five hours. He received in all 20 applications, at the end of which he was able to sleep fairly well almost every night; and the pains during the day, instead of being a veritable torment, were reduced to the condition of a rather severe annoyance.

It is now several months since this case was treated, and his condition remains about the same. I have told him frankly that the pains may return, but he declares that the relief already obtained has been of inestimable value to

him, as he has been able to arrange his business affairs, etc., for the future.

Another case came to me with a history of pains affecting both legs, and located principally in the neighborhood of the knees, and left foot and ankles.

He would have terrible attacks of these pains coming on any time day or night, and lasting from one to three hours. He was rarely free from them more than a day at a time.

Here the static sparks seemed utterly powerless to lessen the severity of these pains, but, on the other hand, they had this result: They reduced the attack to periods of less than half an hour, and instead of coming every day or even oftener, he now goes a week or more without a seizure.

I will simply say in conclusion that similar results may be hoped for in other cases of the disease, and we are, therefore, justified in promising these poor sufferers at least some relief by the use of static electricity.

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#### LEVULOSE IN DIABETES.

Dr. Solomon Solis-Cohen, in the London Therapist, states that levulose, called so because it rotates polarized light to the left, has the same empirical chemical formula as glucose. The rational formula of the two sugars has, however, been shown to be different, which may account for their different relations to the metabolism of diabetes.

Twenty years ago, Kuelz showed that diabetic patients could assimilate levulose and inosite, but only recently has the former been produced as a commercial article. The author has used it for nearly two years, and in some 12 cases of diabetes, and in all it has been assimilated. It is sweet—not quite so sweet as cane-sugar, but sweet enough to enable patients to gratify their palates—and it is useful as a carbohydrate aliment. It turns coffee somewhat black. It is given in quantities of about one ounce a day to lean patients; to stout patients simply as a sweetening.

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#### FORMALIN AS A PRESERVATIVE.

At a meeting of the New York Pathological Society, Dr. Ewing exhibited a specimen of Guanin gout in a hog, the tissue having been placed in a jar on cotton, saturated with Formalin, which had arrested decomposition and destroyed all odor.

—The Therapist.

## Miscellany.

### TUFTS COLLEGE COMMENCEMENT.

The commencement exercises of Tufts College were held June 20. At the close the degree of M. D. was conferred upon the following ladies and gentlemen:

Le Grand Blake, Boston; May Chadbourne, Medford; J. C. D. Clark, Medford; H. B. Dunham, Ph. G., Watertown; Eudora M. Faxon, M. D., Boston; Rosa Fletcher, M. D., Boston; J. C. Gallison, M. D., Boston; T. F. Greene, Roxbury; C. D. Knowlton, M. D., Boston; J. H. Meigs, Beachmont; R. M. Pearce, Boston, J. McD. Roy, M. D., East Boston; Ella G. Stone, Lawrence; E. E. Thorpe, M. D., Boston; William Walker, Roxbury; W. A. White, M. D., Boston; Ella R. Wylie, Boston.

### VARIOUS CHAIRS AT THE MEDICO-CHIRURGICAL COLLEGE FILLED.

The Board of Trustees of the Medico-Chirurgical College met last evening, and elected the following gentlemen to various chairs in that institution: Dr. Isaac Ott, of Easton, Pa., Professor of Physiology; Dr. William E. Hughes, Professor of Clinical Medicine; Dr. Albert E. Roussel, Assistant Professor of Clinical and of Practice of Medicine; Dr. Charles W. Burr, Clinical Professor of Nervous Diseases; Dr. William C. Hollopeter, Clinical Professor of Diseases of Children and Pediatrics; Dr. Arthur H. Cleveland, Clinical Professor of Laryngology; Dr. Edward B. Gleason, Clinical Professor of Otolaryngology, and Dr. William Blair Stewart, Lecturer in Therapeutics.

Professor Edwin J. Houston and Dr. Henry Fisher were elected members of the Board of Trustees.

### CLINICAL USES OF TRIONAL.

Dr. James S. Kennedy (New England Medical Monthly, May, 1894) writes as follows regarding his experience with trional as a hypnotic and sedative: I have used trional in cases of nervous diseases where no pain accompanied, and nothing could excel its promptness and

its continued action was from seven to nine hours.

In melancholia of severe degree, with insomnia, trional always gives prompt relief. One case in particular where the patient could not allow anyone to walk on the same floor, and the least jar of shutting a window or slamming a door would cause wakefulness for hours, was so relieved that it was more than an ordinary noise that could excite her.

In maniacal excitement and cases of marked restlessness, where chloral and paraldehyde were powerless to do good, trional gave sleep for eight hours on a single dose of ten grains. In alcoholic mania its results are not less than in the cases before mentioned. In a case which came under my care some time since, the patient had been howling for over seven hours, breaking everything breakable within reach, was quieted on a 15-grain dose in beef tea, repeated in one hour; sleep followed shortly after the second dose, and the patient awoke six hours afterward in his right mind. There is a secondary effect which comes on from eight to twelve hours after the first sleep, which partakes of a narcotic condition, and an afternoon nap is frequently caused in persons on the day following its first administration. The dose can in ordinary cases be lessened after the second or third period of administration, and the same effect be noted.

On awakening the patient feels refreshed, and there is none of that dread sickness of the stomach, as from opium and its derivatives.

Severe bodily pains and loud noises sometimes lessen the effect of the first dose, but at the second the nervous system seems to take no notice of outside disturbances.

### CHARLES WILLIAM BERGNER ELECTED PRESIDENT OF THE MEDICO-CHIRURGICAL COLLEGE TO SUCCEED PROFESSOR PANCOAST.

The Board of Trustees of the Medico-Chirurgical College have elected Charles William Bergner president, to succeed Professor William H. Pancoast, M. D.,

who resigned. Professor Pancoast was elected emeritus president; Professor Edwin J. Houston was elected vice president; Theodore Werawag, treasurer, and Professor L. Webster Fox, secretary.

President Charles William Bergner was born in Philadelphia December 20, 1854. He is the only son of Gustavus Bergner, who was until his death in May, 1883, president of the Bergner & Engel Brewing Company, and well known in commercial and industrial circles throughout the city. The son received his rudimentary education at a private academy in this city. Subsequently he pursued his studies at the High School at Lawrenceville, N. J., which he left to go abroad. He studied at Augsburg and Munich educational institutions, spending three years in study and travel in European countries.

In 1873 he entered the employ of the concern of which his father was the directing head. Mr. Bergner, intent upon thoroughness in the matter of development as a business man, occupied successively positions in the commercial, financial and manufacturing departments of the company. His keen insight into the details of the business and his manifest and remarkable executive ability were speedily recognized. In 1891 he was elected president of the company, which position he holds at this time.

He has for several years been a director of the Commercial National Bank, the Delaware Insurance Company and the Teutonic Insurance Company. He is vice president of the Guarantors' Indemnity Company of Pennsylvania, and is identified with many other private and public enterprises. Mr. Bergner has been signally honored on a number of occasions. In 1888 he was appointed vice president of the United States Commission of the Brussels Exposition.

In January, 1889, he received a rare honor at the hands of his majesty, the King of the Belgians, who conferred upon him the decoration of the Order of Leopold. He is a member of the Union League, Art Club, Historical Society, Franklin Institute and the German Society.

The board also elected Dr. P. S. Donnellan lecturer on clinical medicine, and Dr. H. S. Anders lecturer on physical diagnosis.

A. E. Kennelly was elected professor of electro-therapeutics, and Edwin J. Houston professor of physics.

## Notes by the Wauside.

BY ERNEST B. SANGREE, A. M., M. D.

I notice that a New York parent has brought suit for a large sum against the Board of Health for the loss of his child. His boy died some days after vaccination, and, someone suggesting that death was probably due to that operation, the newspapers promptly took up the hue and cry with the effect noted above.

According to my experience of about 5000 vaccinations the average parent attributes every form of illness that befalls a child for one month after vaccination to that performance. Accordingly, if the child has an attack of indigestion, diarrhea, dysentery, chickenpox, measles or anything else, the vaccinating physician gets credit for the illness; and should the child chance to die he gets the discredit throughout the whole community for poisoning Mr. So-and-So's child. If there is latent in the child a syphilitic or tuberculous diathesis the irritation of the vaccination is apt to stir up this disposition, make it manifest to the eye and thus, by the easy reasoning of post hoc, propter hoc, bring condemnation on the doctor.

Several years ago a mistake of mine in vaccinating a syphilitic boy, though the disease was not apparent at the time, resulted in a few weeks in such striking outward manifestations of this disease that I was a marked man throughout the neighborhood for having given blood poison to little Willie K—. Had the boy died, as I feared he might, there might have been another suit for damages, with me as an unwilling central figure.

After that experience I usually made a point of explaining to parents that vaccination did not protect a child from everything, and that it was just as liable to fall sick of some disease during that period as it was at any other time.

LL. D. FOR DR. WILE.

We heartily congratulate our conferee, Dr. W. C. Wile, the talented editor of the New England Medical Monthly, on his accession to the Doctorate of Laws from the University of North Carolina.